

## St Paul's PRG Meeting

10<sup>th</sup> October 2013

### PRESENT

Dr C W Scott (CWS), Mrs A P Bagot-Moore (APB)  
Mrs C Adams (CA), Mrs B Rigby (BR), Mrs S Napier (SN)

### APOLOGIES

Mr J Waters (JW)

**Meeting opened:** 17:40

**Meeting closed:** 19:20

Item	Minute	Action
13/SPG/18	<p><b>Welcome &amp; Introductions</b> SN was welcomed to the group. APB reported JW's apologies and that CWS would be joining the meeting later due to appointments.</p>	
13/SPG/19	<p><b>Healthwatch</b> BR gave feedback from the last meeting held on 25<sup>th</sup> September. There had been discussion about Blackpool transport and the proximity of bus stops to medical centres etc.</p> <p>Healthwatch meets approximately every 6 weeks and is attended by representatives from Patient Reference Groups from across Blackpool and Cleveleys. Around 30 people attend and more than one from each practice is welcome. BR would be happy if someone else would come along as it is not always possible to attend every meeting. CA would like to attend the next meeting with BR on 13<sup>th</sup> November at South Shore Medical Centre at 5:30pm. The venue for the meetings does change to give people from the north of the patch easier access.</p> <p>The Mela held on 5<sup>th</sup> October was a great success. The CCG has been holding health events at various locations, mainly supermarkets to help screen for high blood pressures and COPD.</p> <p>BR provided some information for APB to display in the waiting room.</p>	<p>CA, BR</p> <p>APB</p>
13/SPG/20	<p><b>Bereavement Survey</b> APB presented the results of the recent patient survey which was held to find out patients' views about the kind of support they would like from the practice at the time of bereavement.</p> <p>The first question asked about the relationship between the deceased and the bereaved. It was surprising how high the proportion of children were amongst the results.</p> <p>The next question asked whether people had received a call from their GP in the few days after the death of their loved one. While less than a quarter reported having had such contact, around half of those with experience of bereavement reported that they did not want this kind of contact. In contrast, the wider survey group, which also included patients who have not suffered bereavement, the</p>	

	<p>overwhelming response was that contact with the GP was important.</p> <p>The group discussed how people can react differently depending on the circumstances, and sometimes they need help a little later in the process, after the funeral when many of the other sources of support have gone.</p> <p>When asked about the information they received from the practice, only a small number reported having received details of support services such as CRUSE, funeral directors etc. APB explained that the practice has only recently begun to distribute copies of the Cumbria and Lancashire End of Life Care Network's pack "In Your Loss". This contains a great deal of useful information and members of the group agreed it provides a good resource for patients to refer to. APB reported that at present this only goes to patients for whom our GPs have issued a death certificate.</p> <p>It was agreed that the pack should be sent to the relatives of other patients, for example those whose death certificate has been completed by a hospital doctor. A letter from the practice should be produced to 'soften' the information and show that we care.</p> <p>There was some discussion about how we identify who might need assistance from us when someone dies. APB reported that there is a monthly meeting with the nurse from Trinity, together with the district nurses and community matrons and a doctor for the practice, to discuss each individual patient who is receiving palliative care. The team can usually identify the relevant carers and relatives.</p> <p>Similarly patients who are frail and elderly are usually well known to the practice, as are those who are resident in nursing or care homes.</p> <p>The most difficult group are the unexpected deaths.</p> <p>APB will advise the GPs of the discussions held on this subject and once the report and action plan have been completed, will forward these to members of the PRG.</p>	<p>APB</p> <p>APB</p>
13/SPG/21	<p><b>Appointments</b> APB explained how some of the problems with appointments had arisen.</p> <p>On the supply side, there was:</p> <p><u>Slippage</u> – This is where the number of appointments had slightly declined because some templates had not copied across correctly from the old clinical system to the new one. Also, there had been changes in shift patterns and working between St Paul's and Ashfield that had led to errors. This has now been rectified and GPs are now all offering the correct number of appointments each week.</p> <p><u>Embargoes</u> – This is the system of having some appointments held back for release at different times and stems back to the 'advanced access' that was introduced by the government some years ago. Under this system practices had to ensure that appointments were</p>	

	<p>available for patients to book within 24 hours. This meant that most could not be booked in advance and led to significant numbers of patients having to contact the practice on numerous occasions to secure an appointment. We have reduced the number of embargoes down to just 2 per surgery. These can only be booked on the day to allow for urgent medical cases. Emergency appointments are also scheduled for each surgery.</p> <p><u>Reserves and releases</u> – These relate more to nurse appointments but refer to appointments reserved for certain purposes such as for minor surgery. If no patient has been booked in for minor surgery, the slot should be released for general use. We are reviewing how many, if any appointments need to be reserved in this way.</p> <p><u>Triage/NP availability</u> – APB explained the purpose of the triage nurse and nurse practitioners. It is particularly helpful for patients with a new medical problem. Up to now we have not been able to offer triage or nurse practitioner appointments consistently each day of the week. Supply is particularly problematic when the triage nurse is on annual leave. APB is working with the nurses to create a timetable which will ensure we have triage in both the morning and the afternoon each weekday, even during periods of annual leave.</p> <p><u>Quantity</u> – It is some years since the practice conducted a full audit of appointment demand against supply. This is planned for the near future.</p> <p>On the demand side:</p> <p><u>DNAs</u> – This is caused when patients think they need an appointment and book one, but then fail to attend. Everyone approved of the DNA register, which is due to be introduced when training has been provided for staff.</p>	
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### Next meeting

TBA

I confirm that these minutes give a true record of the meeting

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Dr C W Scott  
GP Principal